

EXHIBIT A

09/28/2005 13:35 3026548661

NORIC, INC-DELAWARE

8-25-04

PAGE 05/24

(Rev. 4/97)

**FORM TO BE USED BY A PRISONER IN FILING A COMPLAINT
UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. §1983**

(2)

COPY

**UNITED STATES DISTRICT COURT
DISTRICT OF DELAWARE**

Jeffery Alonzo Simms
(Enter above the full name of the plaintiff in this action)

v.

04-1205

HARRY FREEMAN M. M.D.

DONNA BURNS DR.

MAJOR R.L. Hughes
(Enter above the full name of the defendant(s) in this action)

I. Previous lawsuits

A. Have you begun other lawsuits in state or federal courts dealing with the same facts involved in this action or otherwise relating to your imprisonment?
YES [☒] NO [☐]

B. If your answer to A is yes, describe the lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same outline).

1. Parties to this previous lawsuit

Plaintiffs Jeffery S Alonzo Simms

Defendants MAJOR R.L. Hughes overseas departmental
operation in KENT AND SUSSEX COUNTYS CO. AARON CHAFFINCH

09/28/2005 13:36 3026548661

NORIC, INC-DELAWARE

PAGE 06/24

2. Court (if federal court, name the district; if state court, name the county)

SUPERIOR COURT OF SUSSEX COUNTY P.O. BOX 756 DE 1994

3. Docket number 019992A

4. Name of judge to whom case was assigned RICHARD P. STOKES

5. Disposition (for example: Was the case dismissed? Was it appealed? Is it still pending?)

its still pending

6. Approximate date of filing lawsuit 6-20-2004

7. Approximate date of disposition _____

- II. A. Is there a prisoner grievance procedure in this institution? Yes [] No [✓]

- B. Did you present the facts relating to your complaint in the state prisoner grievance procedure? Yes [✓] No []

- C. If your answer is YES,

1. What steps did you take? Speak Lt. STROGRESS
84 Shift S&I

2. What was the result? I WAS ASSAULTED BY
CORRECTIONAL OFFICER AS A RESULT

- D. If your answer is NO, explain why not _____

- E. If there is no prison grievance procedure in the institution, did you complain to prison authorities? Yes [✓] No []

- F. If your answer is YES,

1. What steps did you take? Speak to AND WRITTEN
Letter To WARDEN NO RESPONSE

2. What was the result? WAS ASSAULTED AGAIN
by officers AT the INSTITUTION

III. Parties

(In item A below, place your name in the first blank and place your present address in the second blank. Do the same for additional plaintiffs, if any.)

A. Name of Plaintiff Jeffery ALONZO Simms
 Address P.O. BOX 500 GEORGETOWN DEL. 19847

(In item B below, place the full name of the defendant in the first blank, his official position in the second blank, and his place of employment in the third blank. Use item C for the names, positions, and place of employment of any additional defendants.)

B. Defendant HARRY FREEMAN M. is employed as SURGERY
ORTHOPEDIC M.D. at 208 Middleford SEAFOR DEL. 19973

C. Additional Defendants DONNA BURNS DOCTOR
BURNS P.O. BOX 500 SUSSEX CORRECTIONAL
INSTITUTION GEORGETOWN DELAWARE. 19947
MAJOR RL HUGHES DELAWARE STATE
POLICE

IV. Statement of Claim

(State here as briefly as possible the facts of your case. Describe how each defendant is involved. Include also the names of other persons involved, dates, and places.

Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph.

Use as much space as you need. Attach extra sheet if necessary.)

on 8-24-04
DENIED EMERGENCY TREATMENT AND
SURGERY AS A RESULT DISFIGURE
MAINE LEG, HARRY M. FREEMAN
DOCTOR DONNA BURNS MISCONCEPTION
INJURE, MAJOR R.L. HUGHES DELAWARE STATE
POLICE

09/28/2005 13:36

3026548661

NCRIC, INC-DELAWARE

PAGE 08/24

V. Relief

(State briefly exactly what you want the court to do for you. Make no legal arguments.
Cite no cases or statutes.)

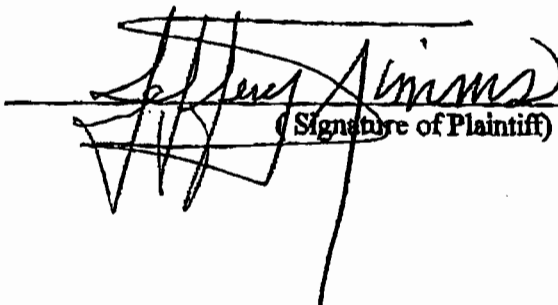
AWARD OR COMPENSATE ME 900,000.00
NINE HUNDRED THOUSAND PORTION FOR MEDICAL
CONTINUAL TREATMENT AND FOR PAIN AND
SUFFERING AND DISMISS DOCTOR OF
THEIR DUTIES, AND OFFICER INVOLVED

Signed this 2 day of 25, 19 2004


(Signature of Plaintiff)

I declare under penalty of perjury that the foregoing is true and correct.

8-25-04
Date


(Signature of Plaintiff)

09/28/2005 13:35

3026548661

NORIC, INC-DELAWARE

PAGE 09/24

MR. JEFFERY ALONZO SIMMS #198625
SUSSEX CORRECTIONAL INSTITUTION
P.O. BOX 500
GEORGETOWN, DELAWARE 19947

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TO: OFFICE OF THE CLERK
UNITED STATES DISTRICT COURT
DISTRICT OF DELAWARE

LOCKBOX 18
844 KING STREET
U.S. COURTHOUSE
WILMINGTON, DELAWARE 19801
+ (302) 573-6170

Surgery - orthopedic, Harry M. M. D. 302-629-5501
808 Middleford Road
Dorford Delaware 19973

Doctor - General Surgery, Donna Burns, P.H.A.
Sussex Correctional Institution
P.O. Box 500
Georgetown Delaware 19947

Major Commander, R.L. Hughes Major
State police, Delaware
1441 N. Dupont Hwy
Dover Del 19901
inms 198625

RESPECTFULLY SUBMITTED
YOUR RESPONSES WILL BE GREATLY APPRECIATED

SINCERELY,

8-25-04

SS#

[REDACTED]